

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for dates of service 11-27-01.
b. The request was received on 2-27-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 6-13-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 6-17-02. The response from the insurance carrier was received in the Division on 6-27-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement:
2. Respondent: Letter dated 3-8-02:

“(2). CPT 15734-80 represents Assistant Surgeon for muscle, myocutaneous, or fasciocutaneous flap; trunk in the CPT book. CPT 15734 was denied as global per the 1994 AAOS pg. V. #9 Closure of wound and repair of tissues divided for surgical exposure is included in the global service package.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11-27-01.
2. Fax received 6-27-01 reflected that the Carrier has made an additional payment. The only code that remains in dispute is CPT Code 15734-80 in the amount of \$240.00.
3. The Carrier has denied the disputed charge as “G -X815 –THIS PROCEDURE IS INCIDENTAL TO THE PRIMARY PROCEDURE, AND DOES NOT WARRANT SEPARATE REIMBURSEMENT.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11-27-01	15734-80	\$500.00	\$-0-	G	\$1,922.00	Global Service Data for Orthopaedic Surgery (1994 edition); MFG; Surgery Ground Rules (I) (D) CPT Descriptors	<p>The Carrier has denied the disputed service as “G”.</p> <p>Pursuant to the 1994 Global Service Data book, the CPT Code in dispute is not global to the primary code or any other code billed on the date in dispute.</p> <p>Therefore, reimbursement is recommended in the amount of \$240.25 after 50% reduction pursuant to the multiple procedure rule and a 25% reduction based on the 80 modifier for assistant surgeon..</p>
Totals		\$500.00	\$-0-				The Requestor is entitled to reimbursement in the amount of \$240.00

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$240.25** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of October 2002.

Lesia Lenart
 Medical Dispute Resolution Officer
 Medical Review Division
 LL/ll